



APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

_____ Classification 1A _____ Classification 1C _____ Classification 2 _____ Classification 4
_____ Classification 1B _____ Classification 1D _____ Classification 3 _____ Classification 5

2. REASON FOR APPLYING:

☐ 1. New business ☐ 2. Additional location ☐ 3. Purchase of existing business

3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION: _____

4. BUSINESS NAME AND EXACT LOCATION

BUSINESS NAME

STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)

CITY

STATE

ZIP CODE

5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER

CITY

STATE

ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?

☐ NO ☐ YES

(If Yes, Name of City) _____

7. BUSINESS TELEPHONE NUMBER

() _____

BUSINESS FAX NUMBER

() _____

8. CONTACT PERSON'S NAME

CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

____-____-____-____-____-____

☐ APPLIED FOR
☐ NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

____-____-____-____-____-____

☐ APPLIED FOR
☐ NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

☐ PROPRIETORSHIP ☐ HUSBAND/WIFE OWNERSHIP ☐ OTHER
☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS

(1) NAME

HOME TELEPHONE #

☐ SOCIAL SECURITY # ☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company

(2) NAME

HOME TELEPHONE #

☐ SOCIAL SECURITY # ☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company

15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)

SIGN
HERE:

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE

DATE



CITY OF GALLATIN

CONNIE KITTRELL, CITY RECORDER

132 WEST MAIN STREET

GALLATIN, TN 37066

PHONE: (615) 452-5400 · FAX: (615) 451-5916

PLANNING AND ZONING INFORMATION FORM

Please check with the Public Works Department, Planning Division, before opening your new business. This is to help ensure that your business has the proper zoning and is a permitted use for its location. Complete this form and submit it to the Planning Division for review. The Planning Division is located in Room 201 of Gallatin City Hall.

CONTACT NAME:	
BUSINESS NAME:	
BUSINESS ADDRESS:	
BUSINESS PHONE:	
DESCRIBE THE EXACT BUSINESS ACTIVITY AT THIS LOCATION:	
RETAIL SALE OF:	
WHOLESALE SALE OF:	
SERVICE:	
SIGNATURE:	

PLANNING DIVISION COMMENTS

Tax Map #: _____ Zoning District: _____ Use Classification: _____

Staff Comments: _____

Staff Signature: _____